

**TAMALA HOLLAND**  
**PARALEGAL SPECIALIST**  
**DESIGNATED OFFICE**  
**(301) 305-5463**

<b>MULTIPLE DEPENDENT CLAIM</b> <b>FEE CALCULATION SHEET</b> <b>(FOR USE WITH FORM PTO-875)</b>							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
<b>CLAIMS</b>													
#	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		#	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3	/		/				53						
4		/		/			54						
5		/		/			55						
6		/		/			56						
7		/		/			57						
8		/		/			58						
9	/		/				59						
10		/		/			60						
11	/		/				61						
12	/		/				62						
13	/		/				63						
14	/		/				64						
15	/		/				65						
16	/		/				66						
17		/		/			67						
18		/		/			68						
19		3		/			69						
20		/		/			70						
21		/		/			71						
22		/		/			72						
23		/		/			73						
24		/		/			74						
25		/		/			75						
26	/		/				76						
27		/		/			77						
28		/		/			78						
29		3		/			79						
30		/		/			80						
31		/		/			81						
32		/		/			82						
33		/		/			83						
34		/		/			84						
35		/		/			85						
36		/		/			86						
37		/		/			87						
38		/		/			88						
39		/		/			89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
<b>TOTAL IND.</b>							<b>TOTAL IND.</b>						
<b>TOTAL DEP.</b>							<b>TOTAL DEP.</b>						
<b>TOTAL CLAIMS</b>							<b>TOTAL CLAIMS</b>						